29020444200

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENAT

09 DEC -3 PH 1: 12

Office use only

1.	NAME OF COMMITTEE (in full)		(Check if name is changed)	Example over the	e: If typying, type lines	12FE4M5	
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Ы		1 1 1		1111			
ΑD	DRESS (number and street)	L PO	BOX 2021				
	(Check if address is changed)			1111			
		RAI	-EIGH			NC L	27602
				CITY		STATE	ZIP CODE 🛦
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)							
	(Check if address is changed)	sfal	mlen@nexusstra	ategies.com	<u> </u>		
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COMMITTEE'S WEB PAGE ADDRESS (URL)							
	(Check if address is changed)	ww	w.CalForNorthCa	arolina.com			
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2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
3. FEC IDENTIFICATION NUMBER							
4.	IS THIS STATEMENT	NE	W (N) OR		AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete							
Type or Print Name of Treasurer Scott R. Rumen							
Signature of Treasurer Electronically Eiled by Date Date Date Date Date							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS							
	Office Use Only			Fed Toll	further information of deral Election Commiss Free 800-424-9530 al 202-694-1100		FEC FORM 1 (Revised 02/2009)